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PATENT, TRADEMARK  
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**FACSIMILE COVER LETTER**

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To: Commissioner for Patents

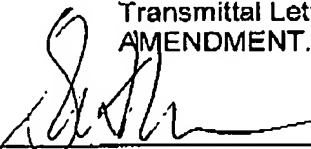
From : Mr. Shrinath Malur  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/634,772  
Attorney Docket No.: ASA-1144

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter; and  
AMENDMENT.

  
Shrinath Malur  
Reg. No. 34,663

June 21, 2007  
Date

Total Number of Pages (including cover sheet): 10

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Thank you.

Form PTO-1083

Patent

In RE application of A. KANDORI, et al

Case Docket No. ASA-1144

Serial No.: 10/634,772

Group Art Unit: 3768

For: BIOMAGNETIC FIELD MEASURING APPRATUS

Examiner: J. Cheng

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

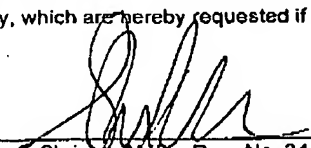
- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra		SMALL ENTITY Rate	Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total	6	Minus	** 20	=		X 25	\$		X 50	\$
Indep.	1	Minus	*** 3	=		X 100	\$		X 200	\$
						X 160	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims						Total	\$	OR	Total	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$\_\_\_\_\_ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Shrinath Malur, Reg. No. 34,683  
Attorney for Applicant(s)Date: June 21, 2007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Appl. No. : 10/634,772 Confirmation No. 6846  
Applicant : A. KANDORI et al  
Filed : August 6, 2003  
Title : BIOMAGNETIC FIELD MEASURING APPARATUS  
TC/AU : 3768  
Examiner : J. Cheng  
Docket No. : ASA-1144  
Customer No. : 24956

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of March 21, 2007, please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks / Arguments** begin on page 5 of this paper.